## **BURNING PERMIT APPLICATION**

IN – RE – Sec Allotmer	1t Name –	
Name:	Telephone	
Address:	County:	
City:	State:	Zip Code:
Description of area where burn will occur	r:	
Approximate size of material to be burned:		
Written description of location:		
Projected time frame: Month:		Yr.: 20
Type of Burn:   Domest	tic Yard Debris 🔲 Bonfir	re
Contact Information:		
Rural Fire Department Name:	Location:	
Phone No. (		
Adjoining		
Landowners:		